

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION DRUG ABUSE BUDGET

I. RESOURCE SUMMARY

	<i>(Budget Authority in Millions)</i>		
	1998 Actual	1999 Enacted	2000 Request
Drug Resources by Goal			
Goal 1.....	\$402.987	\$441.192	\$423.959
Goal 2.....	11.660	10.600	---
Goal 3.....	905.372	1,032.716	1,112.739
Total	<u>\$1,320.019</u>	<u>\$1,484.508</u>	<u>\$1,536.698</u>
Drug Resources by Function			
Prevention.....	\$402.987	\$441.192	\$423.959
Treatment.....	917.032	1,043.316	1,112.739
Total	<u>\$1,320.019</u>	<u>\$1,484.508</u>	<u>\$1,536.698</u>
Drug Resources by Decision Unit			
Knowledge Development and Application Program.....	215.457	195.353	169.353
<i>Substance Abuse Prevention (Non-add).....</i>	<i>(84.321)</i>	<i>(78.717)</i>	<i>(52.717)</i>
<i>Substance Abuse Treatment (Non-add).....</i>	<i>(131.136)</i>	<i>(116.636)</i>	<i>(116.636)</i>
Targeted Capacity Expansion Program.....	91.411	133.515	188.515
<i>Substance Abuse Prevention (Non-add).....</i>	<i>(66.679)</i>	<i>(78.283)</i>	<i>(78.283)</i>
<i>Substance Abuse Treatment (Non-add).....</i>	<i>(24.732)</i>	<i>(55.232)</i>	<i>(110.232)</i>
High Risk Youth Program.....	6.000	7.000	7.000
National Data Collection.....	18.000	---	---
Substance Abuse Block Grant (SAPTBG).....	965.900	1,126.460	1,147.781
Program Management	23.251	22.180	24.049
Total	<u>\$1,320.019</u>	<u>\$1,484.508</u>	<u>\$1,536.698</u>
<i>Drug Only Funding (Non-add).....</i>	<i>(\$1,066.925)</i>	<i>(\$1,190.173)</i>	<i>(\$1,236.792)</i>
<i>Alcohol Primary/Drug Secondary -- SAPTBG (Non-add).....</i>	<i>(194.190)</i>	<i>(225.863)</i>	<i>(230.138)</i>
<i>Alcohol Under Age 21 -- SAPTBG (Non-add).....</i>	<i>(58.904)</i>	<i>(68.472)</i>	<i>(69.768)</i>
<i>Total Drug Abuse, Including Alcohol-Related (Non-add)....</i>	<i>(\$1,320.019)</i>	<i>(\$1,484.508)</i>	<i>(\$1,536.698)</i>
Drug Resources Personnel Summary			
Total FTEs.....	307	306	306
Information			
Total Agency Budget.....	\$2,198.056	\$2,488.005	\$2,626.505
Drug Percentage.....	60.05%	59.67%	58.51%

II. METHODOLOGY

- C Funding for SAMHSA's Substance Abuse Prevention and Treatment Knowledge Development and Application (KDA) activities and funding for OAS data collection activities are considered to be 100 percent drug-related.
- C Funding for SAMHSA's Substance Abuse Prevention and Treatment Targeted Capacity Expansion (TCE) activities are considered to be 100 percent drug-related.
- C Funding for SAMHSA's substance abuse prevention High Risk Youth (HRY) program is considered to be 100 percent drug-related.
- C Funding for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) is considered drug-related to the extent that these funds are used by the States/Territories for treatment and prevention of the use of illegal drugs and used by the Agency for technical assistance, data collection, and program evaluation. SAMHSA has continued to use the methodology in estimating drug related activities consistent with the earmarks required by P.L. 102-321.
- C Five percent of the block grant is required to be used for set-aside activities which support data collection, technical assistance, the National Data Center, and program evaluation. The remaining 95 percent is distributed to the States and Territories where at least: 35 percent must be used for alcohol prevention and treatment activities; 35 percent must be used for other drug prevention and treatment activities; and, the remaining 30 percent is to be used at State discretion, either for alcohol alone, for drugs alone, or shared by both alcohol and drug programs. For budget formulation purposes, SAMHSA and ONDCP agreed to score the discretionary amount equally for alcohol and drugs, with 15 percent assigned to alcohol programs and 15 percent assigned to drug programs.

- C Funding for Program Management activities is considered drug-related to the extent that funds are used to support the operations of the Center for Substance Abuse Treatment (CSAT), the Center for Substance Abuse Prevention (CSAP), and the activities of the Office of Applied Studies (OAS) that are supported by set-aside funds from the Substance Abuse Prevention and Treatment Block Grant (SAPTBG).

III. PROGRAM SUMMARY

Goal 1: Educate and enable America=s youth to reject illegal drugs as well as alcohol and tobacco.

- C Financial support for this goal includes funding for prevention Knowledge Development and Application (KDA) programs, prevention Targeted Capacity Expansion (TCE) programs, workplace programs (administered by CSAP), the High Risk Youth Program, data collection activities (administered by OAS), and 20% of the Substance Abuse Prevention and Treatment Block Grant, as well as program support for these activities.

<Funding for prevention KDA programs supports defined population studies to field test controlled study findings under varying real-world conditions and with diverse populations. Prevention programs involve developing and assessing new and emerging prevention methodologies and approaches; collecting, analyzing, and synthesizing prevention outcome knowledge, and monitoring national trends in substance abuse and emerging issues. Knowledge development programs develop knowledge about prevention strategies effective across the life-span, with specific programs targeting early childhood, children and their families, adults, and the elderly. After field testing promising approaches in knowledge development programs, emphasis shifts to the synthesis and dissemination of the knowledge gained from these final study phases to the practical

application of these strategies by States and local communities. Knowledge application programs help substance abuse prevention practitioners and policy makers in States and communities systematically deliver and apply skills, techniques, models, and approaches to improve substance abuse prevention services. In the aggregate, CSAP's knowledge application programs complete the research to practice continuum by synthesizing and translating scientific findings into useable knowledge, programs and packages, disseminating that knowledge widely, and helping States, communities and individuals to adopt and use it to meet local needs.

<The Federal Drug Free Workplace (DFWP) and National Laboratory Certification (NLCP) Programs reduce adult substance abuse demand in the Federal service and promulgate scientific and technical guidelines for Federal employee drug testing programs. NLCP certifies drug testing laboratories, provides guidance for self-sustaining drug testing programs, and is the Federal focal point for developing and implementing non-military, Federal workplace drug testing technical, administrative and quality assurance programs.

<Funding for prevention Targeted Capacity Expansion (TCE) programs supports efforts designed to address the specific and immediate prevention service capacity needs within the States and communities. TCE programs represent a comprehensive effort to improve the quality and availability of effective research-based prevention services and to help States and communities address and close gaps in prevention services which often cannot be addressed via the block grant funding process. With primary foci on improving capacity and fostering the use of current best practices in actual service systems, these programs assure the consistency and nature of services delivered and enable the collection of client outcome data--characteristics not available in Federal block-grant supported services. TCE provides a mechanism to support limited, but targeted, services in discrete areas of unmet or emerging local needs made apparent from epidemiological data, from local experience, or created as a result of local, State or national social policy change.

<Funding for High Risk Youth (HRY) supports testing of a wide variety of interventions to prevent substance abuse among children and youth. Building on projects that have been comprehensive and have focused on the major domains--individual, family, school, peers, community -- which impact the life of a child and based on knowledge gained from CSAP and other research efforts, a new program targeting high-risk youth was initiated in FY 1998. This program focuses, in particular, on youth who are at high risk for becoming substance abusers and/or involved in the juvenile justice system. Specifically, the new HRY - Project Youth Connect program targets youth ages 9-11, and those ages 12-18, and seeks to intervene with these youth while they are at a period in their lives when positive influences can still have an effect. Mentoring as a substance abuse prevention strategy is featured in this program.

<SAPTBG activities include State expenditures of 20% of their block grant allotment for prevention services as well as 20% of the Block Grant set-aside for the collection and analysis of national data, the development of State data systems (including the development and maintenance of baseline data on the incidence and prevalence as well as the development of outcome measures on the effectiveness of prevention programs), provision of technical assistance, and program evaluations. Also, this program supports oversight of Synar Amendment implementation requiring States to enact and enforce laws prohibiting the sale and distribution of tobacco products to persons under 18 so as to reduce the availability of tobacco products to minors.

Goal 2: Increase the safety of America=s citizens by substantially reducing drug-related crime and violence.

- C Financial support for this goal includes criminal justice-related treatment funding from the treatment Knowledge Development and Application program (KDA), as well as program support for these

activities. Funding for treatment KDA programs includes continuation of pre-1996 demonstration awards for criminal justice programs (adult, juvenile, institutional, and community based). The authorities for these programs have expired. The remainder of the treatment KDA portfolio, to include those projects in support of treatment in the criminal justice system, are found in CSAT knowledge development and application programs (KDA).

Goal 3: Reduce health and social costs to the public of illegal drug use.

C Financial support for this goal includes funding for treatment Knowledge Development and Application programs (KDA), Targeted Treatment Capacity Expansion (TCE) programs, and 80% of the Substance Abuse Prevention and Treatment Block Grant, as well as program support for these activities.

< Funding for treatment KDA programs includes continuation of pre-1996 demonstration awards including funding for the Target Cities program, women and children programs (Pregnant and Postpartum Women, Residential Treatment for Women and Children), Critical Population programs, AIDS program (linkage, outreach), and training programs. The authorities for these programs have expired. The remainder of the treatment KDA portfolio includes knowledge development and application activities to: bridge the gap between knowledge and practice; promote the adoption of best practices; and assure services availability/meet targeted needs.

<Targeted Treatment Capacity Expansion (TCE) programs have been established to focus more funding toward decreasing the substance abuse treatment gap. Initially, treatment TCE activities were funded as part of the treatment KDA program, but in the year 2000, Targeted Capacity Expansion programs have been approved as a separate line item in the SAMHSA budget. The Targeted Treatment Capacity Expansion program is designed to address gaps in treatment capacity by supporting rapid and strategic responses to demand for alcohol and

drug abuse treatment services. The response to treatment capacity problems may include communities with serious, emerging drug problems or communities struggling with unmet need. In 1999, these programs will include an HIV/AIDS component targeting minority populations at risk of contracting HIV/AIDS or living with HIV/AIDS. The goal of this aspect of the TCE program will be to enhance and improve existing substance abuse treatment services for minority populations in cities and States highly impacted by the twin epidemics of substance abuse and HIV/AIDS.

<SAPTBG activities include State expenditures of 80% of their block grant allotment for treatment services as well as CSAT and OAS expenditures of 80% of the Block Grant set-aside for the collection and analysis of national data, the development of State data systems (including the development and maintenance of baseline data on the incidence and prevalence as well as the development of outcome measures on the effectiveness of treatment programs), provision of technical assistance, and program evaluations.

IV. BUDGET SUMMARY

1999 Program

- C The total drug control budget supported by the 1999 appropriation is \$1.485 billion, including \$.441 billion for Goal 1, \$10.6 million for Goal 2, and \$1.033 billion for Goal 3.

Goal 1: Educate and enable American=s youth to reject illegal drugs as well as the use of alcohol and tobacco.

- C A total of \$265.1 million (including \$43.3 million in set-aside funding for SAMHSA=s Office of Applied Studies) is available for Goal 1 substance abuse prevention activities from the SAPTBG. Activities funded through the Block Grant prevention funds include:

- < State expenditures of a minimum of 20% of their block grant allotment for primary prevention, as well as CSAP expenditures of 20% of the block grant set-aside for the development of State data systems (including the development and maintenance of baseline data on incidence and prevalence as well as the development and implementation of outcome measures on the effectiveness of prevention programs), provision of technical assistance, and program evaluations. Funds also support facilitating and monitoring States' compliance with the Synar Amendment that is designed to reduce accessibility of tobacco to minors.
- < Increased 1999 funding for this program should help minimize the loss of revenues to individual States from the use of the new wage proxy as well as increase national treatment capacity and support national data collection activities.
- C A total of \$78.7 million is available for Goal 1 Knowledge Development and Application activities including funding for the following:
 - < **Starting Early Starting Smart** which is generating new empirical knowledge about the effectiveness of integrating substance abuse prevention, substance abuse treatment and mental health services for children ages zero to seven who experience multiple risk factors for substance abuse or mental health problems. Importantly, projects are measuring processes being used to provide integrated services in order to understand the role played by specific service designs in program success using a common research design and data collection methodologies.
 - < **Developmental Predictor Variables 10-Site Study** which is developing and evaluating prevention interventions identified in NIH controlled studies within four age cohorts starting at age three, following each age cohort for two years, and then linking the cohorts together to capture the developmental range from 3- to 14-years of

age. This program is also testing the effectiveness of strategies tailored for children living in urban and rural areas.

- < **Community Initiated Prevention Interventions** program which supports field-initiated projects that test or replicate research-based substance abuse prevention interventions having high potential for preventing, delaying, or reducing alcohol, tobacco, or illicit drug use among high risk populations. Under this program, interventions such as family mentoring/support, school violence/school climate change interventions, and life transitioning interventions and vulnerable populations such as persons with physical or mental disorders, Native American and immigrant children, and persons living in rural areas are among the many possible focus areas.
- < **Parenting Adolescents** program, is building the knowledge base about the effects of welfare reform on parenting teens and measuring the effects of preventive interventions tailored to this population. The program is helping parenting teens resist substance abuse, improve academic achievement and complete school, avoid repeat pregnancies, and improve their life- and parenting-skills, as well as their health and well-being.
- < **Children of Substance-Abusing Parents (COSAPS)** which is generating knowledge about the most effective prevention models and associated services for enhancing protective factors and minimizing risk factors for developing substance abuse and/or other behavioral, emotional, social, cognitive and physical problems as a result of their parents' substance abuse. Projects are implementing, refining, and adapting established and effective scientifically defensible prevention intervention programs for this vulnerable population to assess their effectiveness in local community settings.
- < **Alcohol Research** programs to determine whether alcohol advertising affects the initiation of drinking among youth, and whether alcohol advertising affects their consumption patterns and to identify, test,

and/or develop effective interventions to prevent and reduce alcohol-related problems among college students. .

- < **National Strengthening the Family Initiative** which includes a dissemination research program that is determining cost effective methods for disseminating information and training on science-based family-focused prevention strategies and demonstrated effective models in order to extend the application of these models to multiple communities across the country. The Initiative also includes the Parenting is Prevention Program to strengthen existing anti-drug programs directed by parents, to assist in developing a drug focus for various parent groups that do not currently have a major drug focus, and to provide training, technical assistance and resources for parents in initiating drug prevention programs for youth.
- < **Workplace Programs** which engage the business community and the private and public sectors with both drug testing and drug free workplaces. Working with other Federal agencies, States, the business community, labor organizations, and national organizations, the **Federal Drug Free Workplace (DFWP)** and **National Laboratory Certification (NLCP) Programs** are reducing adult substance abuse demand in the Federal service and developing and implementing non-military, Federal workplace drug testing related technical, administrative and quality assurance programs. NLCP certified laboratories impact about 8 million Federal and federally regulated industry employees annually . In FY 1999, the last year of this program, the **Workplace Managed Care Substance Abuse Prevention and Early Intervention Program** will continue to assess the impact of substance abuse prevention and early intervention within managed care programs at the worksite to determine which are most effective and at what costs and to disseminate and apply positive results.
- < **Prevention Enhancement Protocol System (PEPS)** which is collecting, synthesizing and translating and disseminating research-

and practice-based findings in useable form for application in communities. PEPS is a pioneering initiative that develops program and intervention guidelines for the field using established Rules of evidence for assessing practice and research findings and combining this evidence into prevention approaches.

- < **National Center for the Advancement of Prevention - II (NCAP II)** is developing, synthesizing, updating, adapting and disseminating state-of-the-art prevention knowledge about what works in prevention, for whom, and under what conditions. NCAP II makes knowledge-based tools, principles and models useful for developing prevention plans and programs available to States, communities, and local prevention practitioners and policy makers to improve the effectiveness of prevention efforts across the nation.
- < **Faculty Development Program (FDP)** which is continuing to develop a cadre of physicians and other health professionals with an expertise in teaching and advocating for substance abuse prevention. The interdisciplinary training that FDP fellows receive uniquely prepares them to provide the integrated health services necessary to meet the population based challenges facing the American public. This program, through its penetration into Schools of Medicine, Social Work, Psychiatry, and Public Health, will significantly impact managed health care executives in the future.
- < **National Clearinghouse for Alcohol and Drug Information** which continues to answer inquiries generated by the ONDCP National Anti-Drug Media Campaign in addition to responding to thousands of public requests for information about causes, consequences, and effective strategies used to address substance abuse and its related problems.
- < **Public education/ mass media efforts** including support for ONDCP's *Anti-Drug Media Campaign*; a media campaign entitled *Your Time - Their Future* that is highlighting the importance of positive skill-building activities in preventing and reducing substance

abuse among youth ages 7-14; a campaign entitled *Alcohol: We're Not Buying It* that targets alcohol use among underage youth and a campaign targeting Hispanic girls modeled after the *AGirl Power!* media campaign to deliver tailored and culturally-relevant messages about tobacco, alcohol, and illicit drugs with an emphasis on providing skill- and confidence-building opportunities to help Spanish-speaking girls ages 9-14 make the most of their lives.

- C A total of \$78.3 million is available for Goal 1 prevention Targeted Capacity Expansion activities including funding for the following:
 - < **State Incentive Grant (SIG) Program** which extends CSAP's ability to help States to improve their prevention service capacity. Funding will enable States to examine their State prevention systems and redirect State resources to critical targeted prevention service needs within their states. Eighty-five percent of SIG funds are directed toward implementing best practices within local programming to reduce the gap in prevention services. In this way SIG funds not only help improve access to needed services, they also improve the quality of the prevention services provided. SIG States will also continue to field test their core measures to assess their feasibility for use in reporting on block grant activities, to create Statewide networks of public and private organizations to extend the reach of the primary prevention portion of the SAPT Block Grant and optimize the application of State and Federal substance abuse funding streams.
 - < **Centers for the Application of Prevention Technologies (CAPTS)** in five regions and at the U.S.-Mexico Border provide support to the SIGs, other States and their communities by transferring research-based knowledge and delivering tailored technical assistance, training, and supportive materials to meet the unique needs of communities and States in their respective geographical areas.
 - < **Services to Address HIV/AIDS and Substance Abuse Among African American and Hispanic Youth and Women.** This TCE

program supports establishment of a Substance Abuse and HIV Prevention Consortium to enable provision of policy advice and consultation on issues related to improving SA/HIV prevention services to these specific population groups; supplements to CSAP's six Centers for the Application of Prevention Technologies to enable integration of HIV prevention into their substance abuse prevention materials and curricula; expanding the focus of training and TA for community based organizations and consortia; and a program to initiate or strengthen the integration of HIV and substance abuse prevention at the local level and increasing local capacity to provide integrated services to African American and Hispanic youth and women. In addition, CSAP's Youth and Women of Color Initiative continues to identify specific interventions tailored for youth and women of color at risk for substance abuse and HIV disease and to develop strategies with emphasis on reducing known risk factors, increasing protective factors, building resiliency, and addressing multiple risks that cross domains.

- C A total of \$7.0 million is available for Goal 1 High Risk Youth as follows:
 - < **High Risk Youth: Project Youth Connect** which is determining if an intensive mentoring/advocacy prevention intervention model and associated services are effective in preventing, reducing, or delaying the onset of substance abuse, improving school bonding and academic performance, improving family and bonding and family relationships and improving life management skills among children ages 9-15 and their families.

Goal 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

- C A total of \$10.6 million is available for Goal 2 Knowledge Development and Application activities including funding for the following:

- < **Criminal Justice Treatment Networks, Criminal Justice Diversion and Drug Court Activities.** The **Criminal Justice Diversion** study will identify methods for diverting individuals with substance abuse disorders from the criminal justice system to community treatment alternatives. It will assess the following outcomes: criminal recidivism, time incarcerated, continuity of participation in treatment, emergency treatment utilization, and reduction of frequency of substance abuse.

Goal 3: Reduce health and social costs to the public of illegal drug use.

- C A total of \$1.585 billion is available for the SAPTBG in 1999. Approximately 71 percent of this total, or \$1.126 billion, is related to drug abuse activities:
- < The treatment gap is growing. Our latest estimate projects that a total of 3.6 million persons with severe problems did not receive treatment in 1997. This represents a 37% increase in the gap since 1994 and itself would require approximately \$8 billion to totally bridge the gap with direct Federal funds. The Administration does not propose to bridge this gap entirely with direct funding but rather with significant infusions of Federal funds to leverage State, local, third party and other resources to grow effective systems of care. Grants will continue to be used to encourage States, cities, and/or other government entities to adopt effective service strategies and to leverage block grant and other resources to Agrow@local, regional and statewide systems in conjunction with increased funding proposed for the block grant program. We will continue to provide estimates of the treatment gap each year to ONDCP and will be monitoring the progress of our grant recipients and the nation in total in bridging this gap on a national, state and local basis.
- < **Treatment Outcomes and Performance Pilot Studies (TOPPS II)** will assist States in refining management information systems to

systematically monitor common substance abuse treatment effectiveness data measures on both a State and inter-State basis.

- C A total of \$116.6 million is available for Goal 3 Knowledge Development and Application drug-related activities in 1999, including funding for the following activities:
 - < Continuation of existing treatment programs that will reach their final award year in 1999 or later, such as: **Pregnant and Post-Partum Women Programs; Residential Treatment Program for Women and Children;** and the **Rural, Remote, and Culturally Distinct Programs.**
 - < The **Addiction Technology Transfer Centers** which will transfer technology from science to practice through knowledge development, dissemination, and application, incorporating such things as needs assessment, multi-disciplinary linkages, curricula development, and other special initiatives.
 - < The **Identification of Exemplary Treatment Models** which creates a partnership between States, communities and the Federal government to explore the development of knowledge and its application in the development of effective treatment approaches for replication.
 - < **Special Drug Studies (Alcohol, Methamphetamine and Marijuana).** The *Treatment for Adolescent Alcohol Abuse and Alcoholism* program will contribute to the identification and development of efficacious treatment interventions for adolescent alcohol abusers and alcoholics. CSAT supports a study examining the *Effectiveness of Treatment for Marijuana Dependent Youth*, and will evaluate a variety of treatment interventions for adolescents. The *Replicating Effective Treatment for Methamphetamine Dependence* study will contribute to the development of knowledge of psychosocial treatment of methamphetamine dependence as well as providing an opportunity to determine the problems involved in technology transfer.

- < The **Persistent Effects of Treatment Study** which will evaluate the long-term effectiveness of substance abuse treatment services through a series of grants and cooperative agreements and conduct a number of special studies and policy analyses that address specific drugs of abuse, methods of treatment, populations or policy issues. Wide dissemination will be made through technical reports, professional journals and conferences.
- < **Recovery Community Support Program (RCSP)** grants to State, provider, and community-based organizations for enhancing substance abuse treatment programs. These programs are intended to give persons in recovery a stronger voice in substance abuse services policy and planning at the state and local levels. It will involve persons with co-existing disorders, as well as their families, in the design and evaluation of substance abuse treatment services. A major focus will be to identify barriers to treatment in local settings, as well as to recommend ways to overcome or reduce them.
- C A total of \$55.2 million is available for Goal 3 Targeted Treatment Capacity Expansion activities in 1999, including funding for the following:
 - < Continuation of 41 **Targeted Treatment Capacity Expansion** grants awarded in 1998 which support States, cities, and/or other government entities in creation and expansion of comprehensive substance abuse treatment services, promoting accountability and enhancing the quality of and access to treatment services. This will include efforts to identify gaps in the substance abuse service delivery system, and where current capacity within a treatment modality is insufficient, provide for expanded access to treatment. Funds provided by this program will also serve as support for States and communities to more effectively coordinate Federal, State and local resources directed at providing substance abuse treatment and ancillary services. A comprehensive service system will be developed

aimed at providing a clinically appropriate range of services, reducing service gaps and reducing drug use and abuse by under-served populations. Award of new grants in 1999 will include \$16 million for targeted minority populations at risk of contracting HIV/AIDS or living with HIV/AIDS.

FY 2000 Request

- C A total of \$1.537 billion is requested for the drug abuse budget, representing a net \$52.2 million increase over the prior year. This reflects an increase of \$55 million for Targeted Treatment Capacity Expansion, an increase of \$21.3 million in the drug abuse-related portion of the Substance Abuse Prevention and Treatment Block Grant, and an increase of \$1.9 million in drug abuse program management funding. These increases, however, are partially offset by a reduction of \$26 million in the substance abuse prevention KDA discretionary grant and contract funding. Requested treatment funding increases for 2000 are expected to result in treatment services being provided to approximately 19,700 additional persons over 1999, for a total of almost 404,000 persons served with direct Federal funding.

Goal 1: Educate and enable America=s youth to reject illegal drugs as well as alcohol and tobacco.

- C CSAP proposes the following new initiatives/program expansions in support of Goal 1 in FY 2000:
 - < The 20% prevention set-aside of the **Substance Abuse Prevention and Treatment Block Grant** is increased by \$4.3 million over FY 1999 levels providing resources for States to support additional primary prevention services at the local level.
 - < \$12 million of the funds available in FY 2000 will be used to support four new **State Incentive Grants**. Funding will enable States to examining their State prevention systems and redirecting State

resources to critical targeted prevention service needs within their states. This expansion is consistent with the Office of National Drug Control Policy language calling for a SIG grant in every State by the year 2003. This will bring the SIG program to approximately 25 of the 60 States and Territories by FY 2000.

- < CSAP will also contribute to the SAMHSA crosscutting initiatives on Underage Drinking and Women with Histories of Violence. CSAP will have the lead in the **National Agenda Against Underage Drinking** for the prevention aspects of the knowledge development and knowledge application components of this initiative and will work with States to develop/strengthen coalitions of stakeholders, develop and implement regional plans, and convene heads of all public institutions of higher learning to apply best practices to reduce binge drinking among youth ages 18 to 21. **Violence Against Women** is a new cross-cutting initiative that seeks to promote the improved coordination of services to women and their families affected by violence. CSAP will work with CSAT and CMHS to provide cross training for service providers from diverse backgrounds and communicate information regarding new service approaches and improving service delivery systems.

Goal 2: Increase the safety of America=s citizens by substantially reducing drug-related crime and violence.

- C There are no proposed new initiatives in support of Goal 2 for FY 2000.

Goal 3: Reduce health and social costs to the public of illegal drug use.

- C No new prevention TCE or KDA programs are proposed under this goal for FY 2000.
- C CSAT proposes the following new initiatives/program expansion in support of Goal 3 in FY 2000:

< Targeted Treatment Capacity Expansion (\$55 million): Only 2.1 million out of the 5.7 million persons who use and abuse alcohol and other drugs (Level II treatment need) can be served through existing publicly funded treatment systems. The goal of this program is to create or expand the ability to provide an integrated creative and community-based response to a targeted, well-documented substance abuse treatment capacity problem. This program proposes to award new grants in FY 2000 to continue reduction of the treatment gap. It does not specify any earmarks for big or little states, counties or cities. Another major emphasis of the Targeted Treatment Capacity Expansion funds, begun in FY 1999 and planned for continuation and expansion in FY 2000, is the provision of treatment services for targeted minority populations at risk of contracting HIV/AIDS or living with HIV/AIDS. These include substance abusing African American and Hispanic women and their children; substance abusing African American and Hispanic adolescent boys and girls; and substance abusing African American and Hispanic men. The overall goal of this program is to enhance and improve existing substance abuse treatment services for these populations in cities and States highly impacted by the twin epidemics of substance abuse and HIV/AIDS.

<Substance Abuse Prevention and Treatment Block Grant (\$30 million): An increase of \$30 million is requested for the Block Grant, for a total of \$1.615 billion in 2000. Of the total requested amount, \$1.148 billion would be scored for drug abuse prevention and treatment activities. Of the proposed \$30 million increase, \$21.3 million is drug-related, and 80% of this amount, or \$17.1 million, would support State treatment initiatives. This formula-driven grant is the cornerstone of the States' substance abuse programs, accounting for approximately 40% of public funds expended for treatment and prevention (1995). In 19 States (1997), the block grant provided the majority of funding available to support substance abuse treatment

services.

<**Underage Drinking Initiative (KDA):** CSAT's primary role in the **National Agenda Against Underage Drinking** will be related to the generation of new empirical knowledge about what brief intervention and treatment models and associated services are most effective for brief intervention or treatment of alcohol use, misuse, and abuse in the cited underage populations.

< **Violence Against Women Initiative (KDA):** The activities included in this initiative will build on SAMHSA's previous gender specific treatment efforts with women. This initiative seeks to discover what works to improve women's outcomes in the utilization of substance abuse treatment services and to promote the improved coordination of services by developing an integrated services approach to organizing and institutionalizing coordinated social service delivery systems. The initiative will assess outcome, effectiveness and cost-effectiveness of the integrated service delivery systems. The initiative will also apply what is known to enhance and evaluate the effectiveness of treatment service delivery systems for women, specifically targeting underserved populations with addictive disorders. It will primarily focus on several diverse racial/ethnic populations, including African Americans, Latinos/Hispanics, American Indian/Alaska Natives, and Asian American/Pacific Islanders, as well as include a component to address immigrants, women with disabilities, and other special populations.

V. PROGRAM ACCOMPLISHMENTS

- C CSAP's first Knowledge Development study, the **Developmental Predictor Variable 10-site Cross-site Study** is only 21 months old, yet it has already generated statistically significant positive outcomes with all sites using the same core process and outcome instruments. Investigators in Utah, Georgia, North Carolina and Washington report decreases in family conflict, aggression, conduct disorders, improved

cooperation and academic performance, and decreases in substance use as a result of program interventions. As an example, the *Coping Power: Kids and Parents Program* reported significant reductions in teacher's ratings of aggression (a major precursor of drug use) in 9-10 year old African-American and white students.

- C **CSAP's High Risk Grantee Cross-site Study** has gleaned new knowledge on the major precursors of drug use in a large sample of youth, confirming a variant of the Social Ecology Model of Adolescent Substance Abuse and providing new data on the most powerful pathway to drug use: 1) poor family relationships, leading to 2) poor family supervision and discipline, and 3) family norms conducive to drug use. Detailed information on these program findings has been published in CSAP's *Understanding Substance Abuse Prevention - Toward the 21st Century: A Primer on Effective Programs.*@
- C The **Prevention Enhancement Protocol System (PEPS)** is a CSAP initiative to develop evidence-based program planning and intervention guidelines for the field of substance abuse prevention. To date, two PEPS guides have been published: Reducing Tobacco Use Among Youth: Community-Based Approaches and Reducing Substance Abuse and Children and Adolescents: family-based Approaches. Two additional PEPS guides are nearing completion: Reducing Problems Related to Retail Alcohol Availability: Environmental Approaches; and Mass Media: Approaches to Substance Abuse Prevention. A fifth PEPS guideline, School-Based Strategies for Substance Abuse Prevention, is being developed in conjunction with the U.S. Department of Education's Drug-free Schools Program.
- C **Tobacco Control Efforts/Synar Implementation.** All 51 States, including the District of Columbia, are in material compliance with the Synar Regulation. They have laws prohibiting the sale or distribution of tobacco to minors, and they are enforcing those laws.

The median noncompliance rate of sales to minors as reported by the States in 1998 was 24.4 percent. This is a significant reduction from the median rate of 40 percent reported in 1997 and pre-1997 studies that found noncompliance rates ranging from 60 to 90 percent.

- C **Core Data** -- Discussions with the five SIG grantees over the past year have resulted in a mutual agreement as to the need for States to collect data in common to improve accountability for their use of block grant funds. SIG states have agreed to collect core data at the State, substate and program levels. Variables and instruments have already been identified for use. This practice will not only yield impressive data concerning the process and outcomes of the SIG activities, States are also using these data to field test the feasibility of using these measures as we move towards the implementation of performance partnership grants.
- C In September 1998, CSAT awarded 41 **Targeted Treatment Capacity Expansion** grants to municipal, county, State, tribal governments, and their respective service providers to help close the gap in treatment for emerging substance abuse problems in 22 States. The grantees will provide services for substance abusing women and their children, clients participating in welfare reform programs, juvenile and adult criminal justice-referred offenders, dually diagnosed offenders, substance abusing physically and cognitively challenged individuals, and hard-to-reach intravenous drug users. The program supports the cultivation of a substance abuse treatment system that is responsive to emerging trends.
- C In 1998, CSAT convened four State team building meetings that brought together key stakeholders from each State responsible for implementation of the **Welfare-to-Work** initiatives and substance abuse treatment. Approximately one-third of the stakeholders reported that these State team building meetings brought many of these individuals together for the first time. As a result of these interactions, States have reported outcomes such as the designation of

the Department of Labor's welfare-to-work funds administered by the Private Industry Councils for substance abuse treatment services, work training services for persons recovering from addiction, the implementation of cooperative efforts to provide appropriate substance abuse screening of welfare recipients and the enhancement of vocational services within substance abuse treatment programs.

- C The **Identification of Exemplary Adolescent Treatment Models** is designed to identify those regimens of care that appear to be exemplary and may be useful for further replication and dissemination. The major focus of the five projects funded in 1998 is to evaluate and measure the level of success in terms of client outcomes and effectiveness. A special emphasis in some of the sites will be on treatment of adolescent heroin abusers.
- C In 1998, CSAT awarded nineteen new **Recovery Community Support Program (RCSP)** grants to State, provider, and community-based organizations for enhancing substance abuse treatment to programs in 15 States. These programs are intended to give persons in recovery a stronger voice in substance abuse services policy and planning at the state and local levels. One of these programs, *ACCESS NOW! Recovery Community Alliance Project*, in Tucson, Arizona, is focusing its efforts specifically on members of the recovery community who also have concomitant cognitive and/or physical disabilities. RCSP projects involve persons with co-existing disorders, as well as their families, in the design and evaluation of substance abuse treatment services. A major challenge is to identify barriers to treatment in local settings, as well as to recommend ways to overcome or reduce them.
- C The **National Spending Estimates for Substance Abuse Treatment** study was released in 1998. The first such study published by CSAT, it estimates substance abuse treatment expenditures adapting data and methods that the Health Care Financing Administration (HCFA) uses for estimates of national health expenditures. Consequently, the

estimates for substance abuse are comparable to those produced by HCFA for health care. This study is expected to produce such estimates on an annual basis for the foreseeable future. Tracking treatment expenditures is essential for understanding the effect of the dynamic changes occurring in the health care industry. When linked with prevalence and utilization data, information about expenditures can also be used to better describe health care patterns.

- C The **Treatment Improvement Protocols (TIP) Series** provide state-of-the-art, consensus-based treatment protocols. In 1998, five more TIPs were published by CSAT: 1) Guide to Substance Abuse Services for Primary Care Clinicians; 2) Substance Abuse Treatment and Domestic Violence; 3) Substance Abuse Among Older Adults; 4) Comprehensive Case Management for Substance Abuse Treatment; and, 5) Naltrexone and Alcoholism Treatment.

VI. PROGRAM STATISTICS

- C Resource Summary - Detail by Goal and Functions (See Table)
- \$ Treatment Gap (See Table)
- C Persons Served (See Table)

I. RESOURCE SUMMARY - Detail by Goal and Functions

(\$ in millions)

	Program Title	Drug Related Percent	FY 1998 Actual
Drug Resources by Goals and Functions			
Goal 1			
Impact Target a	YSAPI (Reduce Youth Past Mo Prevalence)	100.00	70.30
OAS/National Data Collection	National Household Survey on Drug Abuse	100.00	18.00
Objective 1	SAPT Block Grant Set-aside *	100.00	13.10
1. Adult Understanding and capacity.	NCADI	100.00	5.40
2. Adults influencing youth.	Strengthening Family Program	100.00	
Subtotal			106.80
Objective 3	Block Grant Prevention Portion	71.07	175.08
1. Zero tolerance in schools.			
2. Zero tolerance in communities.			
Subtotal			175.08
Objective 5			
1. Develop mentoring program.	High Risk Youth: Mentor Program	100.00	6.00
2. Implement mentoring program.			
Subtotal			6.00
Objective 6			
1. Develop coalition directory.	Community Partnerships	100.00	9.50
2. Funded coalitions.			
Subtotal			9.50
Objective 7			
1. Partnerships.	Materials Development/Media Literacy	100.00	2.00
Subtotal			2.00
Objective 9			
1. Develop prevention models.	HRY/SESS/Managed Care/Predictor Variables	100.00	34.83
Subtotal			34.83
Objective 10			
1. New prevention research.	COSAP/Teen Parents	100.00	13.00
2. Disseminate information.	Improve Service	100.00	0.00
3. Anti-drug education impact study.			
Subtotal			13.00
Resources not aligned to an existing objective.	HHS/SAMHSA Taps, SAMHSA Crosscuts, Logis.	100.00	7.80
Drug free workplace	Workplace Program	100.00	7.37
Prevention Training	Faculty Development Program	100.00	0.80
Prevention Program Management	Program Management	100.00	12.36
OAS Surveys and Studies	SAPT Block Grant Set-aside *	100.00	27.45
Subtotal			55.78
Total for Goal 1			402.99
Goal 2			
Objective 4			
1. Drug testing policies.	CJ Treatment Networks	100.00	8.20
2. Positive drug test responses.	CJ Diversion	100.00	3.00
3. Abuse treatment availability.			
4. Drugs and recidivism.			
Subtotal			11.20
Objective 5			
1. Inmate access to illegal drugs.	Drug Court Activities	100.00	0.46
2. Break-the-Cycle ("BTC") demonstration.			
3. Drug-crime focused court reform.			
Subtotal			0.46
Resources not aligned to an existing objective.			NA
Total for Goal 2			11.66

I. RESOURCE SUMMARY - Detail by Goal and Functions (con=t)

(\$ in millions)

	Program Title	Drug-Related Percent	FY 1998 Actual
Goal 3			
Objective 1			
1. Treatment gap.	Targeted Capacity Expansion	100.00	24.73
	SAPT Block Grant	71.07	725.32
2. Demonstration impact.			
3. Waiting time.	Hotline	100.00	0.20
4. Implement NTOMS.			
5. Disseminate treatment information.	Managed Care Activities	100.00	4.80
	SAPT Block Grant Set-Aside Activities *	100.00	7.15
	Dissemination	100.00	3.00
	National Leadership Institute	100.00	8.15
	Treatment Improvement Protocol Series (TIPS)	100.00	1.80
	National Centers (GAINS, Advanced Technology Support)	100.00	1.30
	Communication Activities	100.00	1.30
	Best Practices	100.00	0.00
Subtotal			777.75
Objective 2			
1. Tuberculosis.			
2. Hepatitis B.			
3. HIV.	Cross-Training/Hotline	100.00	0.59
	HIV/AIDS Activities	100.00	1.15
Subtotal			1.74
Objective 4			
1. Standards set.	Addiction Technology Transfer Ctrs (ATTC)	100.00	7.55
	Training Activities	100.00	1.60
2. Conformity.			
Subtotal			9.15
Objective 5			
1. Research focus.	Exemplary Programs	100.00	2.12
	Methadone Accreditation	100.00	3.90
	Managed Care Studies	100.00	7.90
	Comprehensive Community Trmt (Women and Children, Rural, SSI, Co-occurring, Homeless, Domstic Violence, TANF, SE/SS)	100.00	39.36
	Special Drug Studies (Alcohol, Methamphetamine and Marijauna)	100.00	10.00
	CSAT Data	100.00	2.70
	Pharmacologic Alternatives	100.00	0.00
Subtotal			65.98
Objective 6			
1. Develop funded portfolio.	Treatment Episode Outcomes	100.00	2.00
	Persistent Effects of Treatment Study	100.00	7.20
	Managed Care Evaluation	100.00	0.80
2. Epidemiological model.	Needs Assessment *	100.00	7.00
	Cost Profiles	100.00	0.80
	National Health Spending	100.00	1.60
	TOPPS II *	100.00	9.00
3. Health/social cost model.			
Subtotal			28.40
Resources not aligned to existing objective	Taps, Support, Logistics	100.00	7.80
	Community Recovery Support Program	100.00	3.66
Treatment Program Management	Program Management	100.00	10.90
Subtotal			22.36
Total for Goal 3			905.37
Grand Total			1,320.02

Footnotes

NA Not Applicable

* Identifies Substance Abuse Prevention and Treatment (SAPT) Block Grant Set-aside Funding.

The grand total of all block grant dollars on this table will not agree with the total SAPT Block Grant, as appropriated. For the Drug Abuse Budget, SAMHSA does not score funding for persons who only abuse alcohol. However, programs that involve abuse of alcohol and other drugs together. or illegal use of alcohol by persons under age 21. are scored for the Drug Abuse Budget.

Estimates of Number of Persons Needing and Receiving Treatment for Drug Abuse Problems: NHSDA 1991-97

	Number of Persons (in 1,000's)						
	1991	1992	1993	1994	1995	1996	1997
Total Drug Abuse Treatment Need	8,991	8,599	8,067	8,329	8,906	9,383	9,474
Level 1 Treatment Need							
Persons with Less Severe Problems Needing Treatment	3,843	3,881	3,326	3,719	4,260	4,080	3,748
Level 2 Treatment Need							
Persons with Severe Problems Needing Treatment	5,148	4,718	4,741	4,610	4,646	5,303	5,726
Persons Receiving Treatment	1,649	1,814	1,848	1,984	2,121	1,973	2,137
Percent of Level 2 Treated	32%	38%	39%	43%	46%	37%	37%
Percent of Level 2 Not Treated	68%	62%	61%	57%	54%	63%	63%
Treatment Gap	3,499	2,904	2,893	2,626	2,525	3,330	3,589

Note: Estimates for 1991-97 are ratio-adjusted to partially account for underestimation due to underreporting and undercoverage in the NHSDA. Estimates for 1991-93 are also adjusted for trend consistency, to account for the change in the NHSDA questionnaire in 1994. Adjustment factors for trend consistency were 1.19020 for total treatment need and 1.21125 for Level 2 treatment need.

Source:

Office of Applied Studies, SAMHSA. Unpublished data from the National Household Survey on Drug Abuse and Uniform Facility Data Set.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Number of Persons Receiving Treatment with SAMHSA Funding

(Dollars in Thousands)

	1998 Actual	1999 Enacted	2000 Request	Increase in \$ / Pers Svd 2000 vs 1999	Percent Increase 2000 vs 1999
SAMHSA Drug Treatment Funds	\$793,446	\$920,085	\$987,617	\$67,532	7.34%
Average Cost--Per Person/Per Year	\$2,336	\$2,397	\$2,447	\$50	2.09%
Persons Served w/ SAMHSA Funds	339,631	383,858	403,603	19,746	5.14%
<i>KDA Programs</i>	28,066	24,330	23,832	(498)	-2.05%
<i>Targeted Treatment Capacity Programs</i>	10,586	23,043	45,048	22,005	95.50%
<i>SAPT Block Grant Programs</i>	300,978	336,485	334,723	(1,762)	-0.52%

NOTE: The SAPT Block Grant-funded portion of all publicly-funded treatment is approximately 40 percent of the total. By leveraging States and local governments to continue contributing their 60 percent share of publicly-funded treatment, the number of persons treated would be as shown in the table to the right.

	Increase	Total
Fed - SAPT	(1,762)	334,723
Fed - Other	21,507	68,880
State/Local	(2,643)	502,084
Total	17,103	905,688